

## DEPARTMENT OF NATURAL RESOURCES, EAO OPERATOR CERTIFICATION AND TRAINING UNIT REQUEST FOR TRAINING COURSE APPROVAL

Please complete and return at least **30 days prior** to the date of the proposed training. If you have any questions, please contact the Operator Certification and Training Unit at (573)751-1600 or (1-800-361-4827) at Department of Natural Resources, EAO, P.O. Box 176, Jefferson City, MO 65102.

Part 1 (Plea Sponsoring 0	se print): Organization			
Contact	Telephone			
E-Mail		FAX		E-Mail & Fax will be published if provided
Mailing Add	lress			
		Zip Code		
(Check one)	This training is: <b>Oper</b>	to all operators	For	" In-house personnel only
Course Title				
Date(s) cour	se will be held			Total Days
Location of	Training			
Instructor(s)	Names,			,
				es in the content, time allotted, instructors, o
Part 2	NOTE: Attach the f	following items and c	check that each	h is attached.
		ving the topic(s) to be ag times. All breaks		d time allotted for each including s must be noted.
	The names of all ins	tructors and each ins	structor's quali	ifications.
	Copy of all handoureturning course rost		efore the train	ing, they must be submitted with the
	films and overheads			leotapes, slides, slide/tape presentations,
Date Appro	oved / Not Ap:	ONL !	Course 1	No: Cafo _ Region#:
Hours: Wat	ter Distr.	Wastewa	ater	Cafo
More Inform	mation Requested or	n:Cour	nty #:	_ Region#:
				- Book & D - Disc)
	urn Date: & Roster Mailed:			
03-03-2003	& Roster Ivianeu	IIIIIa	10	